VERNON PARKS & RECREATION

R.E.K. REGISTRATION FORM 08-09

PARTICIPANT(S)	NAME				
ADDRESS					
DATE OF BIRTH		AGE	GENDER	L	
SCHOOL		GRADE	TEACHE	R	
CIRCLE DAYS NI	EEDED (choose	e & commit to whi	ch days your child	will attend)	
AFTER SCHOOL	CARE M	T W	TH F		
I UNDERSTAND ABSENT FROM T					
PLE	EASE INITIAL				
PARENTS NAME					
ADDRESS					
PHONE #'S	HOME	WORK	CEL	L	
E-MAIL					
PARENTS NAME					
ADDRESS					
PHONE #'S H	OME	WORK	CE	LL	
E-MAIL _					
EMERGENCY CO	ONTACTS				
1			PHONE		
2	PHONE				
3	PHONE				
THESE ARE THE	PEOPLE I AU	ΓHORIZE TO PIC	CK UP MY CHILD		
1					
2					
3 Is there anyone who	o is absolutely r	not allowed to pick	up your child? (i.e	restraining order)

YES NO	
If yes, please list name and a brief description:	-
SPECIAL MEDICAL NOTES	
ALLERGIES	
ANY OTHER INFORMATION WE NEED TO KNOW	
The undersigned parent or guardian does grant permission to the named indiversignate in the Vernon Parks & Recreation Department R.E.K. Program. The undersigned does hereby waive, absolve, indemnify, and agree to hold harmly Town of Vernon Parks & Recreation Department, the Vernon Board of Education other sponsors and supervisors of the above said program. As a parent or guardian above participant, I realize there are inherent risks involved in physical activities.	The ess the ation, and all ardian of the
Signature of Parent/Guardian Date	

Completed forms with full payment included may be mailed or delivered to:

Vernon Parks & Recreation Department

Lottie Fisk Building (2nd Floor)

120 South Street

Vernon, CT 06066

860-870-3520